Payer ID: 65031

CarePlus Health Plans, Inc.
835

EDI Enrollment Instructions:

- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the form.
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save for your records, print and obtain appropriate signature(s).
- A voided check or bank spec sheet for all financial institutions **must** be included with your completed agreement.
- EDI enrollment processing timeframe is approximately **30 business days.**
- To check status of EDI enrollment, please contact **Availity at (800) 282-4548.**

837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Automated Clearinghouse Payment Agreement:

Complete all applicable fields.
Provider or Authorized Person must enter CarePlus Vendor ID and sign where indicated on Page 1.
Complete the **'Financial Institution Information'** section on Page 2.
If there is a secondary financial institution, please complete the additional **'Financial Institution Information'** section.
Provider or Authorized Person must print date, phone number, name, title and sign where indicated on Page 2.

Submit Completed Documents:

Email all pages to eSolutions to compete the setup. Do not submit direct to the payer.

ESH@claimremedi.com

CarePlus HEALTH PLANS

Automated Clearinghouse Payment Agreement

Your company (hereinafter "Supplier") hereby agrees to accept payment from CarePlus for and on behalf of itself and CarePlus subsidiaries and affiliates ("CarePlus") through an automated clearinghouse payment method ("ACH") for goods sold or services performed by Supplier and CarePlus may rely exclusively on the information supplied about Supplier on the attached Authorization Form. This Agreement applies to and shall amend all previous electronic or automated funds transfer agreements with CarePlus to the extent of this subject matter.

CarePlus will initiate payment to Supplier consistent with the following:

1. The ACH payment will be made to the financial institution and account number on the attached Authorization Form.

2. CarePlus will make payments in accordance with and to be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. CarePlus' process is governed by and in accordance with the laws of the State of New York (other than choice of law provisions) including Article 4A of the Uniform Commercial Code as enacted by the State of New York and amended from time to time.

3. Any change to information provided in the Authorization Form shall be communicated to CarePlus by an authorized representative of Supplier in writing with sufficient time to allow CarePlus to respond to the change. CarePlus shall be held harmless for any loss to CarePlus or Supplier arising solely by reason of error, mistake or fraud regarding Authorization Form information.

4. Payment shall be initiated within the normal payment term of CarePlus' commercial agreement with Supplier. This Agreement neither enlarges nor diminishes the respective rights and obligations of either party in any applicable commercial agreement. Payment shall be considered made when CarePlus initiates the ACH payment transaction to your company's financial institution. Receipt of funds should generally occur within three (3) banking days following initiation by CarePlus.
   If CarePlus initiates payment on a non-banking day at CarePlus' originating bank, it is agreed the funds transfer may occur on the following banking day. In all cases, a "Banking Day" shall be defined as the day on which both CarePlus' and Supplier's banks are available to transmit and receive these funds transfers.

5. Supplier hereby authorizes CarePlus to adjust future payments due if payments previously made are found to be duplicative, in excess of requirements, based on fraud, or in error. Alternatively, CarePlus shall have the right to initiate debit entries to Supplier's Account to correct any such error.

6. CarePlus shall make all payments contemplated by this Agreement and is responsible for such payments up to the point where Supplier's financial institution receives or has control of the transaction. CarePlus shall have no liability beyond that point for loss of data or otherwise unless the loss is deemed solely due to the negligence of CarePlus or its originating bank.
   Supplier agrees to notify CarePlus immediately if payment is not received as described in Item 4, above. CarePlus shall have a reasonable period of time not to exceed ten (10) Banking Days, to make said payment.

7. ACH payments may be terminated by either party at any time by providing written notification to the other party, and both parties agree on the termination date. Otherwise, CarePlus shall continue to make ACH payments to Supplier as specified herein.
   Written notice to Supplier shall be sent to the address provided on the Authorization Form. CarePlus' address for notice purposes is: CarePlus Health Plans, Inc., Finance Department, 4925 Independence Parkway, Suite 300, Tampa, FL 33634.

Company Name: _____ **CarePlus**

CarePlus Vendor ID(s): _____

BY: ☒ _____ **BY:** _____

Date: _____ **Date:** _____

CarePlus HEALTH PLANS

AUTHORIZATION

The information concerning your organization's financial institution will be used to make automated clearinghouse payments on all funds that are due and approved for payment to the legal business name listed below:

Legal business name:		Federal Tax ID or EIN **#:** NPI#
Address:		
City:	State:	Zip code:
Name of contact person for billings and payments: (Please print)	Telephone: Fax:	E-Mail address:
Assigning authority (optional): Trading partner ID (optional):		
FINANCIAL INSTITUTION INFORMATION ***Please select all that apply***		☐ **CAPITATION PAYMENTS** ☐ **FFS**
Name of provider's financial institution:		Telephone:
Address:		
City:	State:	Zip Code:
Nine (9) digit American Banker's Association (ABA) identifying number for routing the transfer of funds: ABA (transit routing) number:		Account type: ☐ **Checking** ☐ **Savings**
Account name and account number at the financial institution to be credited with payments. **Name on the account must match name of provider with which CarePlus is doing business.** Please attach a voided check or bank spec sheet.		
☐ **Only if using secondary financial institution should be used for payment types specified below:**		
FINANCIAL INSTITUTION INFORMATION ***Please select all that apply***		☐ **RISK/BONUS DISTRIBUTIONS**
Name of supplier's financial institution (if same as PCP CAP, please leave blank)		Telephone:
Address:		
City:	State:	Zip code:
Nine (9) Digit American Banker's Association (ABA) Identifying Number for Routing the Transfer of Funds: ABA (transit routing) number:		Account Type: ☐ **Checking** ☐ **Savings**
Account Name and account number at the financial institution to be credited with payments. **Name on the account must match name of supplier with which CarePlus is doing business.** Please attach a voided check or bank spec sheet.		
ERA Clearinghouse information		
Clearinghouse Name: Availity LLC Email address: aacenrollment@availity.com		Telephone number: (800) 282-4548 Method of retrieval: Clearinghouse

To complete the ERA enrollment process, you must sign up with Availity.

Supplier must notify CAREPLUS immediately in writing at the address below of any changes to the above information. SUPPLIER'S AUTHORIZING OFFICIAL: By signing this document, you authorize CAREPLUS to send ACH payments to the above company account and your company agrees to the attached terms and conditions for ACH.

Signature	Date	Telephone
Printed Name	Title	

NOTE: Funds availability for ACH payments will depend on your Financial Institution's federal reserve clearinghouse receipt schedule. Please return the **original** signed Agreement and this Authorization with a copy of a voided check or bank "spec" sheet to:

CPHP_EFT_ERA_ENROLLMENTS@humana.com or by mail:

CAREPLUS HEALTH PLANS, INC.
Attn: Finance Department
4925 Independence Parkway, Suite 300
Tampa, FL 33634